

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Pacific Life Insurance Company Political Action Committee

ADDRESS (number and street)

700 Newport Center Drive

☐Check if different  
than previously  
reported. (ACC)

Newport Beach

CA

92660

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00068528

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2009

through

05

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert Haskell

Signature of Treasurer

Electronically Filed by Robert Haskell

Date

06

10

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		37163.63
(b) Cash on Hand at Beginning of Reporting Period .....	25639.19	
(c) Total Receipts (from Line 19) .....	26693.14	93668.70
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	52332.33	130832.33
7. Total Disbursements (from Line 31) .....	18000.00	96500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	34332.33	34332.33
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Pacific Life Insurance Company Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	22191.98	53669.90
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4501.16	39998.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	26693.14	93668.70
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	26693.14	93668.70
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	26693.14	93668.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	26693.14	93668.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	96500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18000.00	96500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18000.00	96500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	26693.14	93668.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26693.14	93668.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS S BEADLESTON

Mailing Address 21 CYPRESS TREE LN

City

IRVINE

State

CA

Zip Code

92612-2211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 7893809

Amount of Each Receipt this Period

850.00

Check

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID R CARMICHAEL

Mailing Address 1525 SERENADE TER

City

CORONA DEL MAR

State

CA

Zip Code

92625-1753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

Exec (Ret.)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 7893846

Amount of Each Receipt this Period

250.00

Check

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY R DEY

Mailing Address 5 MAGNOLIA DR

City

LADERA RANCH

State

CA

Zip Code

92694-0710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

Asst. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 7893881

Amount of Each Receipt this Period

1210.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

2310.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. R. STEPHEN HANNAHS

Mailing Address 740 VIA LIDO NORD

City

NEWPORT BEACH

State

CA

Zip Code

92663-5523

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 9

Transaction ID: 7893936

Amount of Each Receipt this Period

800.00

Check

**B.**

Full Name (Last, First, Middle Initial)

MR. GARY A HUGHES

Mailing Address 139 TAROCCO

City

IRVINE

State

CA

Zip Code

92618-0311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: 7893963

Amount of Each Receipt this Period

300.00

Check

**C.**

Full Name (Last, First, Middle Initial)

MS. KATHLEEN D SIMMONS

Mailing Address 27403 HYATT CT

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-3700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
Asst. Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: 7894166

Amount of Each Receipt this Period

500.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 54

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS C SUTTON

Mailing Address 111 SHORECLIFF RD

City

CORONA DEL MAR

State

CA

Zip Code

92625-2646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

Chairman (Ret.)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: 7894177

Amount of Each Receipt this Period

5000.00

Check

**B.**

Full Name (Last, First, Middle Initial)

MR. TODD E WOODWARD

Mailing Address 1907 BERYL LN

City

NEWPORT BEACH

State

CA

Zip Code

92660-4449

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: 7894236

Amount of Each Receipt this Period

300.00

Check

**C.**

Full Name (Last, First, Middle Initial)

MS. JUNE G ARCE

Mailing Address 20050 EMERALD MEADOW DR

City

WALNUT

State

CA

Zip Code

91789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR MKTG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362102945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-  
thly)

**SUBTOTAL** of Receipts This Page (optional) .....

5350.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ANTHONY J BONNO

Mailing Address 61 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP HR, FAC & CORP TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362232945

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. ALAN H BROWN

Mailing Address 505 13TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ITS STRATEGIC SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362252945

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DEWEY P BUSHAW

Mailing Address 29132 ALFIERI ST

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP ANNUITIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

835.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362302945

Amount of Each Receipt this Period

167.00

P/R Deduction (\$167.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

637.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. EDWARD R BYRD

Mailing Address 17520 PAGE CT

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & CHF ACTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362322945

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSEPH E CELENTANO

Mailing Address 26661 CAMPESINO

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP PROD, RISK, FIN&INFO MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362382945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. SHARON A CHEEVER

Mailing Address 33512 VALLE RD

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & GEN COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362402945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. GAIL C MOSCOSO

Mailing Address 31558 WEST NINE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CLIENT SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362482945

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DENNIS M CORBETT

Mailing Address 15136 TOURAINE WAY

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TAX COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362512945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. PAUL J CROXTON

Mailing Address 30132 HILLSIDE TER

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362552945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. DEBRA CUNNINGHAM HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362562945

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL R CURRY

Mailing Address 12162 WICKLOW LN

City

NAPLES

State

FL

Zip Code

34120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362572945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. STEPHANIE J CURRY

Mailing Address PO BOX 15358

City

IRVINE

State

CA

Zip Code

92623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADVANCED SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362592945

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. DIANE W DALES

Mailing Address 28 CLERMONT

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362602945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. LINDA D LARSON

Mailing Address 8315 ROAD R NW

City

QUINCY

State

WA

Zip Code

98848

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP IND COMPLIANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362622945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. MARK R FALK

Mailing Address 64 SUMMERSTONE

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP STRATEGIC PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362712945

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. MARTHA A GATES

Mailing Address 31411 MONTEREY ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362862945

Amount of Each Receipt this Period

170.00

P/R Deduction (\$170.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. FRANK J GOETZ

Mailing Address 7 SOVENTE

City

IRVINE

State

CA

Zip Code

92606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362902945

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. MILDA C GOODMAN

Mailing Address 310 ALISO AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADV & PUB RLTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362922945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 54

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. C MARLA GRAHAM

Mailing Address 23672 BRASILIA ST

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

MGR PROJECT ANA &amp; QA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362942945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-  
thly)**B.**

Full Name (Last, First, Middle Initial)

MR. ADRIAN S GRIGGS

Mailing Address 8766 CANARY AVE

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SVP FINANCE &amp; COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10362962945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Mo-  
nthly)**C.**

Full Name (Last, First, Middle Initial)

MS. BRENDA K HARDWIG

Mailing Address 13112 EARLHAM ST

City

SANTA ANA

State

CA

Zip Code

92705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

COMMUNITY RELTNS COORD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363032945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Mon-  
thly)

SUBTOTAL of Receipts This Page (optional) .....

200.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. ROBERT G HASKELL

Mailing Address 1880 N EL CAMINO REAL

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363062945

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DALE E HAWLEY

Mailing Address 1137 SUNSET CLIFFS BLVD

City

SAN DIEGO

State

CA

Zip Code

92107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363072945

Amount of Each Receipt this Period

74.00

P/R Deduction (\$74.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J HEMSTEAD

Mailing Address 310 E MCCOY LN

City

SANTA MARIA

State

CA

Zip Code

93455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP & VALUATION ACTUARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363102945

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

575.66

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. KEVIN A HENDRA

Mailing Address 58 VIAGGIO LN

City

FOOTHILL RANCH

State

CA

Zip Code

92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363112945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INV ADVISOR OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363162945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. CHRIS M JANOWIAK

Mailing Address 1260 CLEVELAND AVE APT C227

City

SAN DIEGO

State

CA

Zip Code

92103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR CORP INTERNET STRATEGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363232945

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City

EDMONDS

State

WA

Zip Code

98026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIVISION VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363242945

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFF R JOHNSON

Mailing Address 1 SAND OAKS RD.

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP TREASURER PAF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363252945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KENT R JOHNSON

Mailing Address 25621 DEL NORTE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ACTUARIAL & REINS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363262945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MARK J JOHNSON

Mailing Address 1812 LEADBURN RD

City

TOWSON

State

MD

Zip Code

21204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP FIELD WHOLESALING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363272945

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. SCOTT E JOHNSON

Mailing Address 906 NEWTON LN

City

PLACENTIA

State

CA

Zip Code

92870

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CORP APPL SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363282945

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. SUZANNE T KAMPA

Mailing Address 5531 STANFORD AVE

City

GARDEN GROVE

State

CA

Zip Code

92845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

IT AUDIT CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363322945

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

265.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. BRIAN D KLEMENS

Mailing Address 24611 BENJAMIN CIR

City

DANA POINT

State

CA

Zip Code

92629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CORPORATE CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363372945

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN P KONTOS

Mailing Address 6307 CAMINO MARINERO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP KEY ACCOUNT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363422945

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JODY L LINNEMAN

Mailing Address 262 S FAIRFIELD LN

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363452945

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

280.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. FLETCHER C LARSON

Mailing Address 709 AVENIDA MIROLA

City

PALOS VERDES EST

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363472945

Amount of Each Receipt this Period

400.00

P/R Deduction (\$400.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. DAVID LAWS

Mailing Address 10935 E BERRY AVE

City

ENGLEWOOD

State

CO

Zip Code

80111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363482945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. LAURENE E MAC ELWEE

Mailing Address 1033 SECRETARIAT CIR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP VARIABLE REG COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363562945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DESMOND G MARSH

Mailing Address 74 SETON RD

City

IRVINE

State

CA

Zip Code

92612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ANNUITY APPS ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363592945

Amount of Each Receipt this Period

120.00

P/R Deduction (\$120.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. THOMAS J MAYS

Mailing Address 7406 PALOMA DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363602945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. GAIL H MC INTOSH

Mailing Address 622 18TH ST

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363612945

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JULIA C MC KINNEY

Mailing Address 3615 PASEO DEL CAMPO

City

PALOS VERDES EST

State

CA

Zip Code

90274

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INS CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363632945

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. MORGAN C MC KNIGHT

Mailing Address 1217 HIGHCREST DR

City

BURLESON

State

TX

Zip Code

76028

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

APPLIC DEV CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363642945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. HENRY M MC MILLAN

Mailing Address 4006 INLET ISLE DR

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP & CHIEF RISK OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363662945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. AUDREY L MILFS

Mailing Address 26922 ROCKING HORSE LN

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP & SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363712945

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOSE T MISCOLTA

Mailing Address 20 BRYCE CYN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PROD & PORT MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363752945

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. ELIZABETH A MOORE

Mailing Address 6412 N 159TH ST

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SYSTEMS ANALYSIS CONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363762945

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

360.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES T MORRIS

Mailing Address 29022 PINTAIL CIR

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363792945

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JOHN C MULVIHILL

Mailing Address 27822 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP RE ASSET MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363802945

Amount of Each Receipt this Period

175.00

P/R Deduction (\$175.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD P OLSON

Mailing Address 24852 CAMBERWELL ST

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR SECURITY SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10363932945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

641.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JOYCE J PEAD

Mailing Address 25 SUNRISE

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP HR CONSULTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364002945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. ALYCE PETERSON

Mailing Address 2908 VIA HIDALGO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP MARKETING SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364022945

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. THEODORE A PREMIER

Mailing Address 20 MOLINO

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP REAL ESTATE FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364082945

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

275.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JAMES R RICE

Mailing Address 11 STILLWATER

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364142945

Amount of Each Receipt this Period

110.00

P/R Deduction (\$110.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J SCHINDLER

Mailing Address 28792 APPLETREE

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP LIFE CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364262945

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CATHY L SCHWARTZ

Mailing Address 87 PELICAN CT

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364312945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

460.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. BRADLEY W SHERRELL

Mailing Address 2315 VIA ZAFIRO

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP TECH OFFICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364352945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. PENNY S SPARKS

Mailing Address 1661 UTAH CIR

City

COSTA MESA

State

CA

Zip Code

92626

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR PORTFOLIO OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364442945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CAROL R SUDBECK

Mailing Address 11 SOMMET

City

NEWPORT COAST

State

CA

Zip Code

92657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP TALENT ACQ & DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364502945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN G TORELL

Mailing Address 355 S LORETTA DR

City

ORANGE

State

CA

Zip Code

92869

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364582945

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. STEPHEN J TORETTO

Mailing Address 22862 ORENSE

City

MISSION VIEJO

State

CA

Zip Code

92691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP & INSURANCE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364592945

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KHANH T TRAN

Mailing Address 47 VERNAL SPG

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364602945

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

556.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN L TULLY

Mailing Address 6929 N HAYDEN RD PMB 157

City

SCOTTSDALE

State

AZ

Zip Code

85250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364612945

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. EDDIE D TUNG

Mailing Address PO BOX 10386

City

NEWPORT BEACH

State

CA

Zip Code

92658

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP REGULATORY PROD ACCTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364622945

Amount of Each Receipt this Period

70.00

P/R Deduction (\$70.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. CATHRYN L VAN WEY

Mailing Address 41974 CARSON CT

City

MURRIETA

State

CA

Zip Code

92562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP NATL ACCTS & BD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364632945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JOHN M WALDECK

Mailing Address 67 LAURELHURST DR

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP RE UWG & CONST SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364652945

Amount of Each Receipt this Period

125.00

P/R Deduction (\$125.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. NANCY A WEBB

Mailing Address 36 BLACK HAWK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364702945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN WHITE

Mailing Address 32122 VIA CARLOS

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364742945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. ROBIN S YONIS

Mailing Address 8 CASTLEBAR

City

IRVINE

State

CA

Zip Code

92618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP VAR REGULATORY COMPL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364822945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MARIA ZAMBELLI-DOUGHERTY

Mailing Address 525 LOMBARDY RD

City

DREXEL HILL

State

PA

Zip Code

19026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SUPR OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10364832945

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL J WAUTERS

Mailing Address 2942 COPA DE ORO DR

City

LOS ALAMITOS

State

CA

Zip Code

90720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP FINANCIAL OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365122945

Amount of Each Receipt this Period

0.00

P/R Deduction (\$0.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL A BELL

Mailing Address 2 PRECIPICE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EVP LIFE INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365142945

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. REED J LLOYD

Mailing Address 6 SANDERLING LN

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP ADVANCED MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365212945

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. PHILIP A TEETER

Mailing Address 376 MYRTLE ST

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP ANN TECHNOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365472945

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

515.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD G CHERNEY

Mailing Address 27835 HOMESTEAD RD

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP GLOBAL MARKETING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365542945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. KAREN S WALL

Mailing Address 1811 RIVERFORD RD

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SYS ANALYSIS DIR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365582945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. TENNYSON S OYLER

Mailing Address 112 CLEARBROOK

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365612945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D COTTON

Mailing Address 703 KAHN PL

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365622945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. VALERIE MORRIS

Mailing Address 48 W YALE LOOP

City

IRVINE

State

CA

Zip Code

92604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP HR PRGMS & SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365682945

Amount of Each Receipt this Period

90.00

P/R Deduction (\$90.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. PATRICIA S DOUGLASS

Mailing Address 640 SAINT JAMES RD

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP GOVT RELNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365732945

Amount of Each Receipt this Period

225.00

P/R Deduction (\$225.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. WILLIAM D BURKE

Mailing Address 2216 NELDA WAY

City

ALAMO

State

CA

Zip Code

94507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365782945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RODERICK P HANSEN

Mailing Address 21612 MARIGOT DR

City

BOCA RATON

State

FL

Zip Code

33428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365852945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JOHN F O'DONNELL

Mailing Address 30 BRIAN RD

City

BRIDGEWATER

State

MA

Zip Code

02324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIVISION VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365962945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. JULIET A PINKERTON

Mailing Address 22 N PALMIERA CIR

City

THE WOODLANDS

State

TX

Zip Code

77382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10365992945

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. RICHARD A TAUBE

Mailing Address 24081 NUTHATCH LN

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP PRODUCT MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366042945

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. TRAVIS R MC KAY

Mailing Address 15222 LINCOLNWAY CIR

City

PLAINFIELD

State

IL

Zip Code

60544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366062945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. KATHARINE B YOUNG

Mailing Address 18647 SANTA ISADORA ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP VAL & RISK MGMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366102945

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. CHRISTOPHER VAN MIERLO

Mailing Address 400 EL VUELO

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP AMF CHF MKTG OFCR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366152945

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. MICHAEL S ROBB

Mailing Address 27481 VANTAGE CIRCLE

City

SN JUAN CAPISTRANO

State

CA

Zip Code

92675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

EXEC VP RE INVEST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366192945

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

390.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
MS. JANE K WONG-HSU

Mailing Address 1121 EBBTIDE RD

City State Zip Code  
CORONA DEL MAR CA 92625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
VP MKT & CREDIT RISK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366212945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
MR. MICHAEL P BORGATTI

Mailing Address 978 BALD CYPRESS DR

City State Zip Code  
MANDEVILLE LA 70448

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366242945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
MR. RICHARD M WILKES

Mailing Address 7124 HAWKSBEARD DR

City State Zip Code  
WESTERVILLE OH 43082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pacific Life

Occupation  
SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366272945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. RICHARD S BANNO

Mailing Address 26666 WHITE OAKS DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP CAPITAL MKTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366282945

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY ANN BROWN

Mailing Address 304 WEYMOUTH PL

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR VP CORP DEVELOPMT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2083.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366312945

Amount of Each Receipt this Period

416.66

P/R Deduction (\$416.66 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. SIMON S FENG

Mailing Address 10 CANDELA

City

IRVINE

State

CA

Zip Code

92620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP BUS & TECH INTEG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366352945

Amount of Each Receipt this Period

150.00

P/R Deduction (\$150.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

641.66

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. THOMAS GIBBONS

Mailing Address 3010 PARK NEWPORT

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
VP TAX

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366362945

Amount of Each Receipt this Period

180.00

P/R Deduction (\$180.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. MARY M HAWKINS

Mailing Address 6182 S 177TH ST

City

OMAHA

State

NE

Zip Code

68135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
AVP OPS BUS SOLUTNS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366392945

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JAMES KARAFI

Mailing Address 182 STANHOPE RD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation  
REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366402945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DENNIS L BAHLMANN

Mailing Address 6052 MEADOW VIEW CT

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP NEW BUSINESS SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366622945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JEFF J BRADSHAW

Mailing Address 27302 MONDANO DR

City

MISSION VIEJO

State

CA

Zip Code

92692

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP BUSINESS DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366672945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. DEBORAH K JOHNSON

Mailing Address 3019 SAN ANSELIN AVE

City

LONG BEACH

State

CA

Zip Code

90808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SYSTEMS ANALYSIS SUPR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366682945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. KENNETH W COX

Mailing Address 570 EBBECREEK DR APT P

City

CORONA

State

CA

Zip Code

92880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

IT DELIVERY MGR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366702945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN R ELDER

Mailing Address 385 25TH AVE

City

MILTON

State

WA

Zip Code

98354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366722945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. DAVID C HONERKAMP

Mailing Address 2712 LIGHTHOUSE LN

City

CORONA DEL MAR

State

CA

Zip Code

92625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP RE ACQUISITIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366762945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. LINDA L KOTOWICZ

Mailing Address 795 TREPANNY LN

City

WAYNE

State

PA

Zip Code

19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FVP M MKTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366792945

Amount of Each Receipt this Period

60.00

P/R Deduction (\$60.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. DAWN M TRAUTMAN

Mailing Address 7424 CITY LIGHTS DR

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP INFO TCH & PRG MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366862945

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. JEFFREY R WILT

Mailing Address 1 BAILEY DRIVE

City

GLENWOOD

State

NJ

Zip Code

07418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

FIELD VICE PRES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366882945

Amount of Each Receipt this Period

55.00

P/R Deduction (\$55.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. STUART A HOLLAND

Mailing Address 4931 CAREFREE TRAIL

City

PARKER

State

CO

Zip Code

80134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR FVP-NCM IP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10366912945

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. JAMES M RUGGERIO

Mailing Address 449 SAINT ANNES DR

City

BIRMINGHAM

State

AL

Zip Code

35244

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10367082945

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. KEITH C WERSCHKE

Mailing Address 25252 NORTHRUP DR

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP AGG & INS RISK MGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10367122945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

190.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. JIM Y CHU

Mailing Address 120 ALBERT PL APT 10

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PROD DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10367142945

Amount of Each Receipt this Period

80.00

P/R Deduction (\$80.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. STEVEN H GOLDBERG

Mailing Address 11 TWIN FLOWER ST

City

LADERA RANCH

State

CA

Zip Code

92694

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR ANNUITIES PRODUCT DEVELOPM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10367182945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. ROBERT J AVELLINO

Mailing Address 3 PHEASANT DR.

City

MT. LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10614782945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. CARLETON J MUENCH

Mailing Address 510 SAN NICHOLAS CT

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVESTMENT OVERSIGHT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10614832945

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. TIM N SHAHEEN

Mailing Address 28 STONE PNE

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP SLS & MKTG OPS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10614872945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. MATTHEW WELLS

Mailing Address 120 BONITA DR

City

HOMEWOOD

State

AL

Zip Code

35209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

SR WHOLESALER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR10614922945

Amount of Each Receipt this Period

100.00

P/R Deduction (\$100.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MR. DAVID J VAN DE WATER

Mailing Address 6433 PALOMINO WAY

City

WEST LINN

State

OR

Zip Code

97068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

MARKETING CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR11106892945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MS. ANN E FARLEY

Mailing Address 4014 ALADDIN DR

City

HUNTINGTON BEACH

State

CA

Zip Code

92649

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP PRODUCT DEV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR11323352945

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JENNIFER R JEWETT

Mailing Address 31901 VIRGINIA WAY

City

LAGUNA BEACH

State

CA

Zip Code

92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP INVEST CNSL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR12361942945

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. RAE A CAPPS

Mailing Address 25842 DANA BLF W

City

CAPISTRANO BEACH

State

CA

Zip Code

92624

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

AVP LEGAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR22130712945

Amount of Each Receipt this Period

65.00

P/R Deduction (\$65.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. EDWIN J FERRELL

Mailing Address 34 CASTLEROCK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

VP CREDIT ANALYSIS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR22130752945

Amount of Each Receipt this Period

85.00

P/R Deduction (\$85.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MS. JENNIFER L KRUMM

Mailing Address 654 QUAIL MEADOW

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR INV ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR22130802945

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 54

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MS. SUSAN MELEIKA

Mailing Address 233 ROBIN HOOD PLACE

City

COSTA MESA

State

CA

Zip Code

92627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

DIR INV ACCTG & RPTG

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR22130822945

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Monthly)

**B.**

Full Name (Last, First, Middle Initial)

MR. TIMOTHY C MYERS

Mailing Address 23819 CLAYMORE WAY

City

VALENCIA

State

CA

Zip Code

91354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

CORP TAX DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR22130862945

Amount of Each Receipt this Period

75.00

P/R Deduction (\$75.00 Monthly)

**C.**

Full Name (Last, First, Middle Initial)

MR. RICHARD J MILLER

Mailing Address 2628 RYCROFT CT

City

CHESTERFIELD

State

MO

Zip Code

63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pacific Life

Occupation

REGIONAL VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 9

Transaction ID: PR31736842945

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Monthly)

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

22191.98

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Sherrod Brown

Mailing Address 2280 Kresge Drive, Suite 800

City Amherst State OH Zip Code 44001

Purpose of Disbursement  
Contribution

Candidate Name  
Sherrod Brown

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District:

Transaction ID: 7876432

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Scott Garrett For Congress

Mailing Address P.O. Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement  
Contribution

Candidate Name  
Rep. Scott Garrett

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 05

Transaction ID: 7876433

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends of Chris Dodd

Mailing Address 1602 Belle View Blvd., #510

City Alexandria State VA Zip Code 22307

Purpose of Disbursement  
Contribution

Candidate Name  
Christopher Dodd

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District:

Transaction ID: 7876434

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 52 / 54

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LINDA SANCHEZ FOR CONGRESS

Mailing Address 13416 Telegraph Road

City Whittier State CA Zip Code 90605

Purpose of Disbursement  
Contribution

Candidate Name  
Linda Sanchez

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 39

Transaction ID: 7876435

Date of Disbursement

05 / 20 / 2009

Amount of Each Disbursement this Period

5000.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement  
Contribution

Candidate Name  
Sen. Robert Bennett

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District:

Transaction ID: 7882181

Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Friends of Dennis Cardoza

Mailing Address 200 East Jefferson Street

City Falls Church State VA Zip Code 22046

Purpose of Disbursement  
Contribution

Candidate Name  
Dennis Cardoza

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: 7882183

Date of Disbursement

05 / 27 / 2009

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

8000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 54

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Carper for Senate	<b>Transaction ID:</b> 7882184 <b>Date of Disbursement</b>
Mailing Address 19 East Commons Blvd Second Floor	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div>
City State Zip Code New Castle DE 19720	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Thomas Carper	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Congressman George Miller	<b>Transaction ID:</b> 7882185 <b>Date of Disbursement</b>
Mailing Address 301 4th Street, NE, Suite 202	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div>
City State Zip Code Washington DC 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name George Miller	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	
<b>C.</b> Full Name (Last, First, Middle Initial) Moore for Congress	<b>Transaction ID:</b> 7882186 <b>Date of Disbursement</b>
Mailing Address PO Box 14631	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div>
City State Zip Code Shawnee Mission KS 66285	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name Dennis Moore	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Contribution	

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 / 54

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Royce Campaign Committee

Mailing Address PO Box 2525

City  
OrangeState  
CAZip Code  
92859Purpose of Disbursement  
ContributionCandidate Name  
Edward Royce011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: 7882187

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	9

Amount of Each Disbursement this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

The Committee to Re-Elect Loretta Sanchez

Mailing Address 604 South Harbor Boulevard

City  
Santa AnaState  
CAZip Code  
92704Purpose of Disbursement  
ContributionCandidate Name  
Loretta Sanchez011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 47

Transaction ID: 7882188

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

18000.00